



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services
LEA Medi-Cal Billing Option Program
Frequently Asked Questions (FAQs)



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GOVERNOR

Units of Service, Reimbursement Rates, and Claim Form Completion

****PLEASE REVIEW THE LEA MEDI-CAL BILLING OPTION PROVIDER MANUAL FOR COMPLETE LEA PROGRAM AND POLICY INFORMATION****

Q1. Are report writing and other indirect service time accounted for in the rates?

- A. Yes, the rates account for indirect service costs associated with the direct provision of health services. Your LEA should only bill for direct service time.

Q2. Is there an LEA-specific ICD-9 code that should be used on all LEA claims?

- A. No. The ICD-9 diagnosis code should be appropriate to the medical diagnosis or covered service the student receives to support the service. Current Medi-Cal policy requires providers to bill using the highest level of ICD-9-CM diagnosis code available on a given date of service. Effective January 1, 2005, claims billed with an invalid diagnosis code will be returned. The code must provide the highest level of specificity available in order to be valid. For example, if a provider bills with a 3-digit diagnosis code when a 4-digit or 5-digit diagnosis code is available, the 3-digit code is considered invalid and the claim will be returned. This policy does not apply to medical transportation claims.

- LEA providers may obtain the International Classification of Diseases, 9th Revision, Clinical Modifications (ICD-9) code book from:

Ingenix

P. O. Box 27116
Salt Lake City, UT 84127-0116
1-800-INGENIX (464-3649), 1-800-765-6588 (Customer Service), or

PMIC (Practice Management Information Corporation)

Order Processing Department
4727 Wilshire Blvd., Suite 300
Los Angeles, CA 90010-3894
1-800-MED-SHOP (633-7467) Monday-Friday 8:30 a.m. – 5:00 p.m.

(CST)

Refer to the [loc ed bil](#) and [loc ed bil ex](#) sections in the LEA Provider Manual for additional information.

Note: [ICD 10 codes](#) will be available October 1, 2014

Q3. Will the department (DHCS/Xerox/Navigant) translate current ICD9 codes into the new ICD10 format?

- A. ICD-10 is a HIPAA-mandated diagnosis and procedure coding system to be implemented by October 1, 2014. All providers covered by HIPAA must transition to ICD-10. At this time, the State does not have any intention to convert/translate current ICD-9 codes to ICD-10 codes. Refer to [HIPAA: ICD-10](#) for additional information.

Q4. Can you bill more than one service on a single claim form per student?

- A. Yes, the procedure codes and modifiers will differentiate the services provided, as well as the rendering practitioner, if applicable. Refer to the [loc ed bil](#) section (page 16) in the LEA Provider Manual for additional information.